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CONFIRMATION NO. 7617

<b>SERIAL NUMBER</b> 10/607,598	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 4239-66190
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**APPLICANTS** OK JS 7/28/06  
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**\*\* CONTINUING DATA \*\*\*\*\*** OK JS 7/28/06  
 This application is a CIP of PCT/US02/38290 11/27/2002 which claims benefit of 60/393,021 06/28/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** OK JS 7/28/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 09/25/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

**ADDRESS**  
36218

**TITLE**  
Method for the treatment of multiple sclerosis

<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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